| Disclosure Repo | ort Cover | | | | Amendment | - *** * |
|---|--|--|--|---|---|--------------------|
| Use this form for genera | al report and comn | nittee information, | must be signed and | d submitted alo | Yes | orms |
| Do not use this form to | update information | n | | | | 01111.5. |
| 1. Committee Informat | ion | | harista iva | | | diskir. |
| a. Full Name | | | | | c. ID Number | |
| Committee to | Elect. | James (| yons for | Mayor | | |
| b. Mailing Address (include | City, State and Zip C | Code) | | · | d. Date Filed | |
| P.O. Box | | | | | 3-17-15 | |
| Durnami | NC 2.7 | 709 | | | e. Phone Number | |
| | | - | | | 919-627-272 | 2_ |
| 2. Report Year 3. Perio | d Start Date (mm | /dd/yy) 4. Period | End Date (mm/dd/y | 5. Treasur | er Full Name | |
| | 9-15 | 3- | 7-15 | l | ny Lyons | |
| 6. Type of Committee (| Check One) | 9. Type of Re | ort (check only o | ne type of rep | ort from one category) | e e e e |
| Candidate Campaign | Party | Municipal | State/Coun | | Referendum | Flores and Comment |
| PAC | Referendum | Organization | al Organ | izational | Organizational | |
| Independent Expenditure | Joint Fundraiser | Thirty-five d | y Quarte | rly | Pre-referendum | |
| Legal Expense Fund | | Pre-primary | │ □ F | îrst | Final | |
| | | Pre-election | <u> </u> | econd | Supplemental Final | |
| 7. Type of Fund (if ap | plicable, check one) | Pre-runoff | □ ⊤ | hird | Annual | i |
| Booster Fund | | Semi-annual | | ourth | Special Special | |
| ☐ Building Fund | | Mid Ye | · | | | |
| Other: | | Year En | | lid Year | 10. Special Report Na | ıme" |
| 8. Number of Fundraise | | Final Special | = | ear End | | |
| O. TANITING AN ADMINANT | | Second Special | Final | | | |
| | | opæiai | | | | |
| | | - openii | ☐ Specia | | | |
| 11. Account Information | | openii | Specia 11. Account Info | rmation | | ek (in |
| 11. Account Information a. Financial Institution Full N | | | ☐ Specia | rmation | | |
| 11. Account Information | | See Special | Specia 11. Account Info | rmation | | |
| 11. Account Information a. Financial Institution Full N | | And the second s | Specia 11. Account Info | rmation | | |
| 11. Account Information a. Financial Institution Full N BB | ame | And the second s | Specia 11. Account Info a. Financial Instituti | rmation | c. Account Code | |
| 11. Account Information a. Financial Institution Full N BB T b. Purpose | ame | And the second s | Specia 11. Account Info a. Financial Instituti | rmation | | |
| 11. Account Information a. Financial Institution Full N BB | ame c. Account | And the second s | Specia 11. Account Info a. Financial Instituti | rmation | | |
| 11. Account Information a. Financial Institution Full N BB T b. Purpose | ame c. Account | Code | Specia 11. Account Info a. Financial Instituti | rmation | c. Account Code d. Period Begin Balance | |
| 11. Account Information a. Financial Institution Full N BB T b. Purpose Checking | c. Account | Code | Specia 11. Account Info a. Financial Instituti | rmation | c. Account Code | |
| 11. Account Information a. Financial Institution Full N BB 3 T b. Purpose Checking CERTIFICATION | c. Account de d. Period B | Code 1 egin Balance | Specia 13. Account Info a. Financial Instituti b. Purpose | on Full Name | c. Account Code d. Period Begin Balance | |
| 11. Account Information a. Financial Institution Full N BB 3 T b. Purpose Checking CERTIFICATION I certify that the Committe | c. Account de de Period Best se or Fund is in com | Code 1 egin Balance D pliance with all appl | Specia 3. Account Info a. Financial Instituti b. Purpose icable provisions of | on Full Name | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter | 163 |
| 11. Account Information a. Financial Institution Full N BB 才 T b. Purpose Checking CERTIFICATION I certify that the Committe of the NC General Statutes | c. Account de de Period Best se or Fund is in compand that no funds a | Code 1 egin Balance D pliance with all applere commingled with | Specia 3. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other | Article 22A, 22E | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter | 163 this |
| 11. Account Information a. Financial Institution Full N BB 3 T b. Purpose Checking CERTIFICATION I certify that the Committe | c. Account de de Period Best se or Fund is in compand that no funds a | Code 1 egin Balance D pliance with all applere commingled with | Specia 3. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other | Article 22A, 22E | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account de de Period Best se or Fund is in compand that no funds a | Code 1 egin Balance D pliance with all applere commingled with | Specia 3. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other | Article 22A, 22E | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter | 163 this |
| 11. Account Information a. Financial Institution Full N BB 才 T b. Purpose Checking CERTIFICATION I certify that the Committe of the NC General Statutes | d. Period But and that no funds a discorrect and that I have been seen as a | Code Pegin Balance pliance with all appliance commingled with a commingle with a commingl | Specia 13. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board | Article 22A, 22F non-disclosed further forms. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 1 inds. I further certify that t | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account de d. Period Be se or Fund is in compand that no funds and correct and that I have of Signer | Code 1 egin Balance pliance with all appliance commingled with have been trained by | Specia 13. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board | Article 22A, 22E | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account d. Period But and that no funds a discorrect and that I have of Signer | Code 2 egin Balance pliance with all appliance commingled with a comming the | Specia 1. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board nature of Appointed Tr | Article 22A, 22H non-disclosed fur of Elections. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter Inds. I further certify that the control of t | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account of the desired and that no funds a decorrect and that I have of Signer | Code 1 egin Balance pliance with all apple are commingled with nave been trained by ON Employ | Specia 1. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board nature of Appointed Tr | Article 22A, 22F non-disclosed fur of Elections. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter Inds. I further certify that the certification of the | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account de d. Period Be se or Fund is in compand that no funds and correct and that I have of Signer | Code 1 egin Balance pliance with all applance commingled with average been trained by ON Employ | Specia 11. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board nature of Appointed Trace: | Article 22A, 22F non-disclosed fur of Elections. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter Inds. I further certify that the certification of the | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account of the company of the correct and that he correct and that I have of Signer YN PERS MAR 1 7 20 | Code 1 egin Balance pliance with all applance commingled with average been trained by ON Employ Employ | Specia 11. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board nature of Appointed Trace: | Article 22A, 22F non-disclosed fur of Elections. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter Inds. I further certify that to the control of the control o | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account of the desired and that no funds a decorrect and that I have of Signer | Code 2 egin Balance pliance with all appliance commingled with average been trained by ON Employ Employ Employ | specia 1. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board nature of Appointed Trace: | Article 22A, 22F non-disclosed fur of Elections. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter Inds. I further certify that to Date Open | 163 this |
| 11. Account Information a. Financial Institution Full N BB | c. Account of the company of the correct and that he correct and that I have of Signer YN PERS MAR 1 7 20 | Code 1 egin Balance pliance with all applance commingled with average been trained by ON Employ Employ | specia 1. Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the IC State Board nature of Appointed Trace: | Article 22A, 22F non-disclosed fur of Elections. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter Inds. I further certify that to Date Open Code | 163 this |
| 11. Account Information a. Financial Institution Full N BB 3 T b. Purpose Checking CERTIFICATION I certify that the Committe of the NC General Statutes report is complete, true and Printed Name FOR OFFICE USE ONI Date Received: Date Postmarked: Date Scanned: Date Data Entered: | c. Account of the company of the correct and that I for the correct and t | code legin Balance pliance with all appliance commingled with have been trained by Employ Employ Employ Employ | Specia Account Info a. Financial Instituti b. Purpose icable provisions of prohibited or other the I/C State Board nature of Appointed Truce: ee: ee: | Article 22A, 22H non-disclosed full of Elections. | c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter Inds. I further certify that to Date Open | this |

assistant treasurer, custodian of books information, or account information.

| Detailed Summary | |
|---|---|
| Use this form to summarize all disclosure reporting forms and to total monetary information | n |

Amendment

Yes No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of | Report | 3. ID Number |
|--|---|-----------------------------|--|
| Committee to Elect James Lyons Gallayor | Organi | zational | |
| Start of Election Cycle: January 1, 20/5 | - | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ O | \$ O |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 100 | \$ 100 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ | \$ |
| 11) Other Receipt Sources | er die eine zu er | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | \$ |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ | \$ |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | \$ |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ | \$ |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c, | lld and lle) | \$ 100 | \$ 100 |
| EXPENDITURES | | and handle of the | |
| 13) Disbursements | en anno anno anno anno anno anno anno an | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | \$ |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13 | 5, 16 and 17) | s 0 | \$ 0 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sub | tract line 18) | s 100 | \$ 100 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ | en e |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ | e de la servició de encolario de la companió de la |
| 25) Administrative Support | (CRO-1710) | \$ | S |
| 26) Forgiven Loans | (CRO-1440) | \$ | \$ |
| | (CRO-2220) | \$ | \$ |
| 8) Contributions to be Refunded | (CRO-1215) | \$ | \$ |

| | | rom Individua | | Pg | of | Yes No |
|---|---------------------------------------|------------------------|---|---------------------|--------------------|---|
| Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used | | | | | | |
| | | ne (and Fund if app | | | | 2. ID Number |
| Cor | nmittee - | lo Elect Jan | res Lyons | 5 for Mc | YOR | |
| 3. Con | tributor Inform | ation | | Add 🔲 Rei | | |
| | ame, Mailing Addr | | | b. Job Title/Profe | ssion | d. Comments |
| . 7 | le city, state, & zip) | | · · · | Manager | | open |
| | mes Lyc | | | c. Employer's Nar | ne/Specific Field | account |
| PO 80X 110991 | | | | | | |
| | ucham, n | 10 27 109 | | Time Warne | rlable | e. Election Sum to Date |
| | | | | | | \$ 100 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | , | j. Date (mm/dd/yyy | y) k. Amount |
| | 01 | cash | maney open ac | to count | 3-4-15 | \$ 100 |
| | | | | | | \$ |
| | | | | | | \$ |
| 3. Con | ributor Inform | ation assumes as as as | | Add 🖃 🔲 Reg | nove | a (1965) a 1943) a sa magalah dari mada berma |
| 1000 | ame, Mailing Addr | 17 au | | b. Job Title/Profes | ssion | d. Comments |
| (includ | le city, state, & zip) | | ooriest naar oo aang 2004 Total oo aang 2004 | | | |
| | | | | c. Employer's Nan | ne/Specific Field | |
| | | | | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yyy | y) k. Amount |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| 3. Cont | ributor Informa | itlon, 🤲 115 6 25 5 | | Add Rer | nove and the last | BERODEL REPORT A SERVICE SERVICE SERVICE |
| 9.0 | me, Mailing Addre | ss & Phone | | b. Job Title/Profes | ssion | d. Comments |
| (Incina | e city, state, & zip) | <u></u> | | | | |
| | | | į | c. Employer's Nan | ne/Specific Field | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yyy | y) k. Amount |
| | | | | | | \$ |
| | · · · · · · · · · · · · · · · · · · · | | | | | \$ |
| | | | | | | \$ |
| 4. Total only this Page | | | | | | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | |

:Amendment